



VACCINE TRANSFER FORM

PLEASE CALL THE SOUTH CAROLINA IMMUNIZATION DIVISION AT
1-800-27-SHOTS OR 803-898-1191 **BEFORE** COMPLETING THIS FORM

TRANSFER FROM:

PIN Number: _____

Provider Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Non-DHEC Providers may only transfer vaccine within 48 hours of receipt of a vaccine shipment. The below listed vaccine has been properly stored and handled according to DHEC guidelines.

Signature: _____ Date: _____

Print Your Name: _____ Time: _____

NDC	Vaccine	Doses	Mfg	Lot #	Expiration Date

TRANSFER TO:

PIN Number: _____

Provider Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

DHEC Providers can only accept transfers from Non-DHEC providers with prior authorization from the Immunization Division. The above vaccine was transferred in satisfactory condition.

Signature: _____ Date: _____

Print Your Name: _____ Time: _____

**Instructions for Completing DHEC #1208
"Vaccine Transfer Form"**

Purpose: To record the transfer of vaccine between DHEC and non-DHEC VAFAC Providers

Form is Completed By: DHEC and non-DHEC staff that maintain a VAFAC vaccine inventory

PIN Number: Enter the PIN number of the transferring VAFAC provider.

Provider Name: Enter the name of the transferring VAFAC provider.

Address and City/State/Zip: Enter the address of the transferring VAFAC provider.

Phone: Enter the telephone number of the transferring VAFAC provider.

Fax: Enter the fax number of the transferring VAFAC provider.

Signature: Signature of the transferring VAFAC provider's representative.

Date: Enter date the form is completed and signed by the transferring VAFAC provider's representative.

Print Your Name: Enter printed name of person signing form as representative for the transferring VAFAC Provider.

NDC: Enter the NDC for the vaccine.

Vaccine: Enter the vaccine name.

Doses: Enter the number of doses.

Mfg: Enter the vaccine manufacturer.

Lot #: Enter the vaccine lot number.

Expiration Date: Enter the expiration date of the vaccine.

PIN Number: Enter the PIN number of the receiving VAFAC provider.

Provider Name: Enter the name of the receiving VAFAC provider.

Address and City/State/Zip: Enter the address of the receiving VAFAC provider.

Phone: Enter the telephone number of the receiving VAFAC provider.

Fax: Enter the fax number of the receiving VAFAC provider.

Signature: Signature of the receiving VAFAC provider's representative.

Date: Enter date the form is completed and signed by the receiving VAFAC provider's representative.

Print Your Name: Enter printed name of person signing form as representative for the receiving VAFAC Provider.

Office Mechanics and Filing: The provider will fax the form to the DHEC Immunization Division. The transferring VAFAC provider will retain a copy of the form. The receiving provider will retain the original.